WOMEN AND AIDS

World AIDS Day, 1 December, was created in 1988 by the World Health Organization (WHO), one of sixteen specialized agencies in the United Nations system, as part of a global effort to meet the challenge of AIDS. This special day of observance is intended to "open channels of communication, strengthen the exchange of information and experience and forge a spirit of social tolerance".

WHO's designation of "Women and AIDS" as the theme for World AIDS Day 1990 underscores the vulnerability of women, not only as HIV-infected victims themselves, but also as women in their multiple roles in society: as legislators, as health care and income providers, as educators and social workers, as counsellors and, most poignantly, as personal caregivers within their families.

Focusing on women's specific health needs, World AIDS Day will strive to raise awareness of successful approaches to prevention and care, some developed by women themselves. But first, it is important to put the disease in perspective.

SOME SOBERING STATISTICS

AIDS—acquired immunodeficiency syndrome— is a pandemic disease which is still without a cure. As AIDS increasingly affects women, the sobering statistics leave no doubt that a world-wide effort is imperative to avert medical and social disaster. Numbers paint a grim picture:

- In July 1990, WHO estimated that there were between 8 million and 10 million people infected with the human immunodeficiency virus (HIV); of these, some 3 million, a third, were women;
- Since the proportion of women with AIDS is rising faster than that of men, WHO predicts that, by the year 2000, the number of new AIDS cases reported annually will be divided evenly between women and men;
- The 200,000 women who will actually become ill during the 1990-1991 period alone will exceed the total of all AIDS cases reported to WHO over the first decade of the epidemic;
- In certain localities as diverse as sub-Saharan Africa and urban America, between 10% and 25% of all women of child-bearing age are HIV-infected;
- Moreover, WHO estimates that, by the year 2000, 10 million infants will have been born HIV-positive, having contracted the disease in utero from their AIDS-infected mothers;
- Another 10 million uninfected children will be orphaned through AIDS-induced maternal deaths.

WOMEN WITH AIDS: VULNERABLE VICTIMS

"Only as we move into the 1990s has the world started to recognize the special threat that AIDS poses to women." This statement, from an article entitled "The Special Threat to Women", by WHO's health promotion focal point, Dr. Rosmarie Erben, points to a plethora of psychosocial, cultural and legal barriers which obstruct women's own decision-making and choice and, with it, their own abilities to protect either themselves or significant others in their lives from AIDS.

The special threat to women revolves around:

- women's roles as child-bearers and primary caretakers;
- women's inferior cultural status and the moral attitudes towards sexuality which prevail in many areas of the world where AIDS is most prevalent;
- women's generally lower literacy rates, restricted mobility and limited access to information;
- women's relative lack of economic alternatives and independence.

Under these adverse conditions, progress in the prevention and care of female AIDS victims

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has been dismal, in both poorer and wealthier countries of the world.

WOMEN WITH AIDS: DOUBLE DISCRIMINATION

A decade into the epidemic, there is still discrimination; women continue to be disadvantaged in both legal and social policies. Several nations, for example, have moved to jail HIV-infected prostitutes, although no such punishment was even proposed for any groups of HIV-infected men, not even rapists or men who knowingly donated HIV-positive blood.

Discrimination also persists within the AIDS-oriented scientific and medical community where, for example, women are routinely excluded from participation in drug trials for promising AIDS treatments. Furthermore, the multi-billion-dollar global research agenda has largely bypassed research on the development of prevention methods, such as spermicide-viricides, which could be used by women themselves.

Finally, there is discrimination in the public perception of AIDS victims. Ever since the virus was first identified in 1981, the disease has been perceived as an affliction associated primarily with intravenous drug users, homosexual men and prostitutes. Awareness of the growing spectrum of "innocent" victims from all walks of life is slow to enter the mainstream consciousness and, with it, adequate appreciation of the role of women as victims rather than vectors.

In 1989, in response to the growing tide of concern, the UN sponsored an International Conference on the Implications of AIDS for Mothers and Children. The resulting "Paris Declaration on Women, Children and AIDS" exhorted Governments to "ensure the full participation of women in AIDS programmes at all levels". However, subsequent international conferences on AIDS have been criticized by women's groups for their paucity of presentations on AIDS-afflicted women. At least two such conferences had no female representation at all on their steering or organizational committees.

No doubt the relegation of women to the "last and outcast" category is, at least in part, a reflection of the fact that the majority of women affected are poor women of colour. However, in addition to the actual socio-economic conditions of many female AIDS victims, there is also an underlying, perhaps scarcely perceived, socio-psychological threat—that is, the confluence of such polar opposites as reproduction and death—which often makes reactions against women especially emotional and harsh.

To quote a frequently used media phrase, women are "the bridges that transport AIDS to the general society", the open implication being that they themselves are excluded from this "general society".

WOMEN'S HUMAN RIGHTS ARE BASIC TO AIDS PREVENTION

A recent Expert Group Meeting on Women and AIDS, organized by the Division for the Advancement of Women in Vienna from 24 to 28 September 1990 and co-sponsored by WHO and the Government of Sweden, concluded that women without basic human rights were indeed particularly vulnerable victims.

In theory, at least, there are some straightforward solutions for containing the AIDS epidemic: they would require, on the one hand, the elimination of shared needles by intravenous drug users and, on the other, either sexual abstinence or "safer sex" through the consistent use of condoms and partner notification.

Unfortunately, human behaviour is seldom so obliging, and, in fact, this theoretical approach to sexual behaviour is rendered virtually ineffective in practice owing to the relative powerlessness of women in the sexual domain.

According to the documentation, the "lower status of women within the family and society, the lack of independent income and the social and economic dependency on men" heightened women's vulnerability to HIV infection since they were less able to control the "personal and socio-economic circumstances which put them at risk,

creating a feeling of powerlessness, both in personal relationships and society''.

AIDS education campaigns were repeatedly criticized by these experts for proceeding on the naïve and false assumption that women could exercise more influence over sexual practices than was actually the case. In reality, they maintained that women at the bottom of the socio-economic ladder often did not enjoy even the most basic human rights.

Even in so-called ''developed'' countries, women were objects of discrimination in this life-threatening realm: their rights to safer sex went socially unrecognized and thus unenforced. Even the mere suggestion that their partners use a condom often led to personal rejection or even violence. This situation, the experts concluded, must be remedied before any real progress would be possible.

THE NAIROBI FORWARD-LOOKING STRATEGIES

Over the past decade, there have been repeated calls for women's advancement to a position of parity with their male counterparts in society.

The Nairobi Forward-looking Strategies for the Advancement of Women to the year 2000, produced in 1985 as the embodiment of a decade of work on women's rights, addressed this issue, emphasizing that ''the strategy for the advancement of women seeks first and foremost to alter the unequal conditions and structures that continue to define women as secondary persons and give women's issues a low priority. Development should now move to another plane in which women's pivotal role in society is recognized and given its true value . . . What is now needed is the political will. . .''

Although the Nairobi Strategies were adopted by consensus by 157 nations, experience suggests that ''altering the structures which define women as secondary persons'' has not actually been a priority of many Governments. Now, however, faced with the threat of AIDS, attention to women's status has become a vital issue. To continue the same socially constrained practices which ignore even women's most basic, personal rights over their own bodies is tantamount to condemning millions of innocent women, not to mention their children, to premature death. Society itself needs to play a larger, more supportive role and create conditions which enable women to say ''No'' to high-risk sexual behaviour.

THE PIVOTAL ROLE OF THE WORLD HEALTH ORGANIZATION

The World Health Organization, based in Geneva, plays a pivotal role in the global battle against AIDS, a battle which knows no frontiers and thus requires a universal approach which transcends politics.

WHO has identified five key areas of health promotion which would provide a ''framework for intervention''. They are:

(1) *Public policy initiatives* in legislation, fiscal measures and organizational changes to foster greater equity;

(2) *Supportive environments* which ''make the healthier choice the easier choice'' through easy access to condoms and overall support of non-risk behaviour;

(3) *Community action* through self-help support groups, NGOs and lobbyists to introduce needed legislation;

(4) *Individual involvement* to acquire information and skills designed to protect oneself (e.g. ''safer sex'' workshops);

(5) *Health services* which integrate HIV/AIDS activities into existing frameworks of maternal and child health care, family planning and treatment of sexually transmitted diseases.

''AN OUNCE OF PREVENTION . . .''

Partner Notification: One important element in AIDS prevention for women lies in the practice of so-called ''partner notification''. Of course, in many areas where AIDS runs rampant, this practice would not only cause the man to loose face, it might also be seen to contradict the traditional rights of men over their women.

Even in the West, certain groups criticize partner notification as an infringement of the individual's "civil liberties". All too frequently, the result has been to subsume women's very right to life beneath the alleged "rights" of men to behave in a high-risk manner regardless of the consequences to their female partners.

Now, however, spurred on by the lethal consequences of such sexually irresponsible behaviour, there are a number of groundbreaking projects in societies as diverse as those of Africa and the United States. These have shown that 75% or more couples have actually altered their sexual practices after partner notification. This, in turn, has helped prevent HIV transmission to the uninfected partner, who, in most cases, is still the woman.

Peer Education: Obviously, peer education is also an important method of prevention—one that is particularly effective in that the victims become educators. In the industrialized countries, for example, a number of relatively well-educated, well-heeled, homosexual men's groups have achieved noteworthy success in AIDS prevention through peer-group counselling and educational campaigns. However, they tend to be privately sponsored and thus require both educational and financial resources that are not readily available to women or to the less developed societies.

"Female-User-Friendly" Research: Of the scant research projects devoted to women with AIDS, most seem to focus excessively on women as "specimens of transmission". Medical literature contains literally thousands of funded studies on females' frequency and mode of sexual intercourse, prevalence of venereal disease, even the movements which accompany intercourse. But this focus is missing the point.

What women need is "user-friendly" research which will provide them with a practical means of protecting themselves from unwanted future intercourse with infected men. That is, women need proactive, rather than reactive, research that will empower them in a most practical manner. Otherwise, there *is* no "ounce of prevention" but only . . .

". . . A POUND OF CURE"

If, as the saying goes, "An ounce of prevention is worth a pound of cure" and that ounce of prevention is neglected, what then will it cost to "cure" the world of AIDS?

We have seen only the tip of the AIDS iceberg to date. Having been around invisibly for over a decade, its cumulative effect remains to be seen but, unless stopped, it will expand its lethal web for unforeseeable years into the future. Figures for counteractive public health measures will soar into the billions with no upper limit in sight. Still, perhaps the harshest legacy of AIDS is the social devastation left in its widening wake. The amount of social disruption through untimely deaths, the dissolution of families and the growing number of orphaned children is mind-boggling.

Nevertheless, Governments appear reluctant to address the stark reality of this pandemic disease, especially as it relates to women. Perhaps this unwillingness of male-dominated Governments in both "advanced" and developing nations to sponsor AIDS projects that would empower women is an ongoing reflection of the patriarchal bias in men's perception of women's "rights".

Thus, it remains that many of the most effective initiatives continue to come from private-sector "grass-roots" groups. Here there have been a few extraordinary AIDS care and prevention projects led by women. One which received wide publicity was initiated by a group of Kenyan prostitutes who collaborated to encourage their clients to use condoms, thus saving untold lives. There is also the "Empower Project" in Bangkok which was organized by bar hostesses. "Positively Women", a project initiated by female drug users in the United Kingdom, now offers care and support for all HIV-positive women. And in Brooklyn, New York, a project called "Mother Love", started by a single determined black mother, assists hundreds of mothers who have lost adult children to AIDS.

What makes such projects "extraordinary" is that they share the common characteristics of having been initiated virtually without funding,

from within the ranks of the "victims"—that is, poor or outcast women (e.g., drug addicts, prostitutes, women of colour). Although spearheaded by women, they do not restrict their focus to the narrow, purely feminist perspective, but reach out to advocate a comprehensive approach to AIDS prevention. Finally, they emphasize the crucial role of person-to-person understanding, compassion and support.

CHALLENGING CUSTOM WITH CHANGE

Our age is unique in that it is witnessing an increasing number of phenomena that transcend national boundaries, thus forcing nations to act in concert to deal with them. Global warming and environmental pollution are two examples.

AIDS is another of the high-risk phenomena that presents a global challenge. Medically and socially, it is clear that no single nation, no matter what its resources, can effectively deal with the consequences of a global epidemic of the proportions predicted by the World Health Organization.

Combating AIDS will require change, not only in approach but also in attitude, especially towards those victims who are women. AIDS has a profound impact on women, as an illness and as a social and economic challenge. The stigma attached to AIDS has magnified the sexual discrimination which already existed. These issues must now be addressed. For, as WHO Director General Dr. Hiroshi Nakajima stated, "Women are the key to achieving health for all".

WORLD AIDS DAY

1 December 1990

TEN POINTS ON AIDS FOR WORLD AIDS DAY

1. *AIDS is a world-wide problem, affecting men, women, children and families.*

As at late 1990, more than 280,000 cases of AIDS have been reported to WHO from 157 countries around the world. However, WHO estimates that over 1.2 million cases of AIDS have already occurred among men, women and children world wide. Of the 8 to 10 million adults already infected with the human immunodeficiency virus (HIV) which causes AIDS, more than 3 million are women.

2. *We know that HIV is transmitted in only three ways:*

- through unprotected sexual intercourse with an infected partner
- through infected blood or blood products
- from an infected mother to her fœtus or infant.

3. *These three modes of transmission are clearly documented.*

Sexual transmission of HIV can occur from man to woman, from woman to man and from man to man. Transmission through blood can occur in two major ways: through infected blood and blood products or by the use of unsterile needles or other skin-piercing instruments. Finally, HIV can be transmitted from an infected mother to her fœtus or infant before, during or after birth.

4. *Sexual transmission of HIV can be prevented.*

The only absolute way to prevent sexual transmission of HIV is to abstain from sexual intercourse. Otherwise, the risk of sexual transmission can be significantly reduced by properly using a condom.

5. *Infection through blood can be stopped.*

Blood for transfusion can be tested for HIV infection and discarded if contaminated. Needles, syringes and other skin-piercing instruments should be sterile and should never be shared.

6. *It is important to know how HIV is NOT transmitted.*

HIV is *NOT* transmitted during ordinary social contact: by working together, sitting side-by-side, shaking hands, kissing on the cheek, hugging, touching, coughing or sneezing; by sharing utensils such as dishes, plates, glasses or cups; by food or drink; by water; or by any contact with toilets. There is no evidence that insects can transmit HIV.

7. *The impact of AIDS on women is increasing.*

It is estimated that more than 3 million women world wide are already infected with HIV. Millions more are especially vulnerable to infection because of their subordinate role in the family and society. This lower status restricts women's ability to protect themselves from sexual transmission and hinders their access to health care and other services. Women also play a crucial role in caring for people with HIV infection and AIDS. By 1992, over 4 million children, including about 1 million infected with HIV, will have been born to HIV-infected women, and at least 10 million uninfected children will be orphaned in the 1990s as their parents die of AIDS.

8. *Rights of people with HIV or AIDS must be protected*

People with AIDS and HIV, or those thought to be at risk of infection, have sometimes been subjected to discrimination, violence and other violations of their human rights. Protecting the rights of HIV-infected people and people with AIDS is vital to successful AIDS prevention and care. We must all work together to protect the rights of HIV-infected persons or people with AIDS and help them preserve their dignity.

9. AIDS affects us all.

AIDS affects everyone—men, women and children—around the world. No one is immune. AIDS affects not only those who are infected with HIV or who have AIDS, but their families, their friends, and those who care for them. We must all live with AIDS—in our world, our countries, and our communities.

10. Together, we can stop AIDS.

Each year World AIDS Day helps to expand and strengthen the world-wide effort to stop AIDS. World AIDS Day brings messages of hope, compassion, solidarity and understanding about AIDS everywhere in the world—North, South, East and West. On World AIDS Day—and every day—join the World-wide Effort against AIDS.

AIDS

A world-wide effort will stop it

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